

# Welcome to Kid Connections!

Please read the registration directions carefully and if you still have questions, don't hesitate to ask!

- Your registration packet includes the following: Registration Form, Child Info Form, Certificate of Immunization Form, and a Physicians Report (required for all children 7 years old and younger). The immunization and physician's forms must be signed by a medical professional.

All forms must be completed and a picture needs to be attached to the child info form before being processed.

Your spot in camp will not be held without these items!

- Packets must be filled out completely and returned in person to the Englewood Recreation Center, 1155 W. Oxford Ave. Immunization and picture of your child are required to accompany your completed packet. Your packet will not be processed until all forms are submitted and information is completely filled out.
- An Englewood resident I.D. is required to qualify for the resident rates. If you do not have one please purchase one at the Englewood Recreation Center front desk for \$3.00. You need one form of proof of residence. with your address, i.e. a utility bill, and your license (photo I.D.)
- If you are registering more than one child, in the top right hand corner please place a #1 for the first child, 2 for the second, etc. Your first child is your youngest or only, second child is your oldest.
- Please clearly indicate each day you would like your child to attend in order to reserve a spot.
- Your spot isn't confirmed until you receive a receipt. PLEASE include your current email address on this form so your receipt can be sent electronically.

All forms must be filled out completely and legibly in order to be processed.

Registration is on a first come, first served basis.

## **NEW THIS YEAR!**

Camper t-shirts included with registration.

A \$10/child annual registration fee is due at the time of registering.

Priority registration is given to participants who attended camp in 2017. Priority registration begins March 19th.

New Family registration will begin April 3rd.

## **Payment**

A credit or debit card must be provided at registration for installment payment plan.

June camp dates: automatically charged on May 18th

July camp dates: automatically charged on June 20th

August camp dates: automatically charged on July 20th

Thank you,

Sara Stant

Youth Programs Administrator

303-762-2694

sstant@englewoodgov.org

Please save your receipts for tax season. Our tax ID number is 84-6000583.



# Kid Connections Summer Camp 2018

## 5-9 Year-olds

Location: 300 W. Chenango Ave. Englewood (CFHSC)

(Please fill out one form for each child.)

Resident \_\_\_\_ Non-Resident \_\_\_\_  
(Must have current resident I.D. to be considered a resident)  
Child # \_\_\_\_ (1st child is the youngest or only child)

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ T-shirt Size: Youth: **XS S M L XL** Adult: **S M L XL**  
(Circle One)

Parent/Guardian's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

### The following documents are REQUIRED prior to starting camp:

- Completed Camp Registration form
- Signed Parental Agreement
- Immunization Record
- Physician's Report (required for all children 7 & under)
- Request to Administer Medication (if necessary)

### Daily Camp Rates:

	Non-resident fee	Resident Fee
1st Child	\$55/day \$210/week	\$45/day \$170/week
Additional Child/children	\$50/day \$185/week	\$40/day \$150/week

No spots are confirmed until you have received a receipt.

### Camper Registration Fee: \$10 per child (non-refundable)

Registration fee includes camper t-shirt

### Camp Payment:

Camp payments are due on a monthly basis. Credit/debit card must be provided at registration for installment payment plan:

- May & June camp dates: automatically charged on May 18th
- July camp dates: automatically charged on June 20th
- August camp dates: automatically charged on July 20th

Drop-ins are based on availability and must be approved and paid for prior to day of attendance. Unscheduled drop-in care is not permitted. Reservations for additional days need to be made 48 hours in advance to insure proper staffing.

Cancellations must be submitted in writing to the Camp Administrator 5 business days prior to the installment billing date. No refunds/credits will be given for cancellation request made after May 18th for May/June dates, June 20th for July dates and July 20th for August dates

The program does not have an hourly rate and No credits or refunds will be given for missed days of camp. This program is on a first come first served basis and enrollment is subject to availability.

### Camp Happenings\*:

Wednesdays: Pirates Cove

Thursdays: Field Trips

\*subject to change

\*Camp Closed on Monday May 28th and Wednesday July 4th.

Please indicate which days you would like your child to attend by placing a ☒ in the coordinating box. (Please make your calendar is clear as possible to void errors)

May						
Wk	M	T	W	Th	F	Thursday's Field Trip
1	28 Closed	29	30	31	1	Hiking-Mt Falcon, Golden

June						
Wk	M	T	W	Th	F	Thursday's Field Trip
2	4	5	6	7	8	Tiny Town & Railroad
3	11	12	13	14	15	Casa Bonita
4	18	19	20	21	22	Heritage Square
5	25	26	27	28	29	Butterfly Pavilion

July						
Wk	M	T	W	Th	F	Thursday's Field Trip
6	2	3	4 closed	5	6	Jumpstreet
7	9	10	11	12	13	Colorado Rockies Game
8	16	17	18	19	20	Movies
9	23	24	25	26	27	Forney Museum of Transportation and Hammonds Candy

August						
Wk	M	T	W	Th	F	Thursday's Field Trip
10	30	31	1	2	3	Argo Gold Mine

\*\*Calendar is subject to change, advanced notice will be given\*\*

I understand that by submitting my registration paperwork I am reserving my child's spot for camp. I acknowledge that I am obligated to provide payment information at the time of registration and my monthly tuition will be charged according the payment installment schedule, **even if my child does not attend all the days I have signed up for.** I also understand that any cancellation requests made after the installment billing has been processed will not be refunded.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Englewood Parks & Recreation

## KidConnections Summer Camp Child Info Forms

City of Englewood's Mission: To promote and ensure a high quality of life, economic vitality, and a uniquely desirable community identity

### Child's Record

Child's Name \_\_\_\_\_  
Last Name First Name

Child's Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_  
Street Number City State Zip

Primary Phone \_\_\_\_\_

Child's School \_\_\_\_\_ Grade Just Finished \_\_\_\_\_  
☐ Male ☐ Female

Place an updated head shot of your  
child here  
(REQUIRED)

### Guardian's Record

Child Resides with: ☐ Mother ☐ Father ☐ Both ☐ other: \_\_\_\_\_

Primary Guardian \_\_\_\_\_ Email Address \_\_\_\_\_  
(Legal Guardian)

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Street Number City State Zip

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ Alternative Phone \_\_\_\_\_

Primary Guardian \_\_\_\_\_ Email Address \_\_\_\_\_  
(2<sup>nd</sup> Legal Guardian)

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_  
Street Number City State Zip

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_ Alternative Phone \_\_\_\_\_

*In the event of an emergency, the following alternative persons are authorized to pick up child (must provide at least two additional names)*

Name	Home/Cell Phone	Work Phone	Address
Name	Home/Cell Phone	Work Phone	Address
Name	Home/Cell Phone	Work Phone	Address
Name	Home/Cell Phone	Work Phone	Address

*The following person(s) MAY NOT remove my child from the facility*

Name(s)

### Medical Information

Is there any physical condition(s) that we should be aware of and what precautions should be taken (if none, list N/A).

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Requested Medical facility (i.e. hospital) child should be taken to in the event of an emergency:

Name	Address	Phone Number
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Insurance Carrier: \_\_\_\_\_

Name of Company

Child's Doctor: \_\_\_\_\_

Doctor's Name

Phone

Address

Child's Dentist: \_\_\_\_\_

Dentist's Name

Phone

Address

Please check any health concerns we should be aware of:

☐ Medication Allergy

☐ Asthma

☐ EpiPen

☐ Inhaler

☐ ADD/ADHD

☐ Epilepsy/Seizures

☐ Behavioral Issues

☐ Medications

☐ Cognitive/Learning Disability

☐ Autism

☐ Diabetes

☐ Special Food Needs

☐ Cerebral Palsy/Motor Disorder

Other Conditions: \_\_\_\_\_

Please explain any items marked above (if none, list N/A): \_\_\_\_\_

Is child allergic to food, medication or other substances? If so, list items to be avoided & procedure to follow if reaction occurs.

(if none, list N/A) \_\_\_\_\_

- ☐ I authorize camp staff to apply sunscreen with the sunscreen supplied by the site or by me in order to prevent sunburn (please see sunscreen section in parent handbook for specifics on sunscreen types).
- ☐ Participants may be photographed while participating in our programs, and said photographs, or likeness of me, may be used to publicize activities, as the Department deems appropriate. I do hereby authorize officials of Englewood Recreation Department to contact directly the persons named on this application, and do authorize the named physicians or his associate to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that parents/guardian or alternate persons named or physician named on this application cannot be reached, the Englewood Recreation Department officials are hereby authorized to take whatever actions is deemed necessary in their judgment for the health of this child, I agree I am solely responsible for payment of all costs resulting from the rendering of medical and ambulance services.
- ☐ **Personal Release Statement:** I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for the action and physical condition of this child. I agree to indemnify and hold harmless the City of Englewood and its employees from liability, loss, cost or expenses (including attorney's fees, medical and ambulance costs) that this child may incur while participating in our recreation program. I authorize my child to participate in all special trips or excursions where they will either be walking or transported in a city vehicle away from the site location. (Parents will be notified in advance of any such trips.) **PLEASE NOTE:** If a parent chooses not to have their child go on the scheduled field trip, it will be the parents' responsibility to find alternate childcare for that day. The Englewood Recreation Department does not have the staff to stay behind with a few children.

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_



**KidConnections Summer Camp 2018  
Parental Agreement Form**

**Please take a moment to read, initial and sign the information below...**

**Initials**

- ☐ I have read the **Parent Packet** and have discussed with my child the guidelines of the program and agree to abide by them.
- ☐ I understand that the City of Englewood is not responsible for my child until they are signed in/out either by themselves or by a parent with Recreation personnel on duty.
- ☐ I understand that if my child forgets lunch, I will be required to pay \$5 in addition to the fee of the lunch due when I pick up my child.
- ☐ I understand that if my child doesn't bring a water bottle, I will be required to buy one at the site for \$2/day due when I pick up my child.
- ☐ Campers may be watching G and PG movies and TV at least once per week. I give my child permission to watch movies with a rating of G or PG.
- ☐ I understand that registration for additional days will only be taken by phoning the Program Administrator, and only if space is available. **The office needs a 48 hour lead time on any additional days.** Additional registration will not be allowed on site.
- ☐ I do hereby authorize officials of Englewood Recreation Department to contact directly the persons named on this application, and do authorize the named physicians or his associate to render such treatment as may be deemed necessary in an emergency for the health of said child. In the event that parents/guardian or alternate persons named or physician named on this application cannot be reached, the Englewood Recreation Department officials are hereby authorized to take whatever actions is deemed necessary in their judgment for the health of this child, I agree I am solely responsible for payment of all costs resulting from the rendering of medical and ambulance services.
- ☐ I have attached a child immunization certificate to this form, filled out/signed by my child's physician.
- ☐ I understand that by submitting my registration, I am reserving my child's spot and I am obligated to pay the monthly tuition balance in full according to the predetermined installment-billing schedule, **even if my child does not attend. Once my days are determined, I may not be able to switch days!**
- ☐ I understand if I request to withdraw my child from Camp, a \$5 processing fee will be charged per day/per child to issue refunds/credits. No refunds/credits will be given for any reason if my request is not received four (4) business days prior to tuition due date.
- ☐ I am aware that the credit/debit card information provided at the time of registration will be used to charge the monthly tuition payment according to the predetermined installment billing cycle. I understand that I am responsible to notify the Program Administrator at least 5 business days prior to the installment billing date to change the payment method.
- ☐ I grant permission for City of Englewood KidConnections Summer Day Camp to transport my child to and from the center when necessary via City of Englewood or chartered vehicles
- ☐ **Personal Release Statement:** I understand that the registered activities and services may have an element of hazard or inherent danger and I take full responsibility for the action and physical condition of this child. I agree to indemnify and hold harmless the City of Englewood and its employees from liability, loss, cost or expenses (including attorney's fees, medical and ambulance costs) that this child may incur while participating in our recreation program.
- ☐ I authorize my child to participate in all special trips or excursions where they will either be walking or transported in a city vehicle away from the site location. (Parents will be notified in advance of any such trips.) **PLEASE NOTE:** If a parent chooses not to have their child go on the scheduled field trip, it will be the parents' responsibility to find alternate childcare for that day. The Englewood Recreation Department will not provide alternative care for those children who do not want to go on the select feildtrip.

Parent/Guardian Signature

Date



## 2017 KidConnections Summer Day Camp Release Agreement

The undersigned ("participant") desires to participant in at least on but not limited to the following described programs and related activities ("program") conducted or sponsored by the City of Englewood Park and Recreation Department.

### **KidConnections Camp for ages 5-9 years old**

Hiking at Mt. Falcon, Golden Colorado; Tiny Town & Railroad; Casa Bonita; Heritage Square Amusement Park; Butterfly Pavilion; Jumpstreet Greenwood Village; Colorado Rockies Game at Coors Field; Forney Museum of Transportation and Hammonds Candy Factory; Argo Gold Mine; and City of Englewood Facilities\*

### **KidConnections Camp for ages 10-14 years old**

Hiking at Mt. Falcon, Golden; Monster Mini Golf; Lakeside Amusement Park; Casa Bonita; Xtreme Challenge; Colorado Rockies Game, Coors Field; Jumpstreet Greenwood Village; GameWorks Northfield; Adams County Fair City of Englewood Facilities\*

*\*City of Englewood Facilities include: The Englewood Recreation Center, Belleview Park, Broken Tee Golf Course, Pirates Cove, Duncan Park, and City of Englewood Maintained Parks and Open Space.*

I recognize that certain hazards and risks are an inherent part of any physical activity and I acknowledge the possibility of physical injury associated with participation in the program. I hereby verify that I my child is physically capable of participation in the program and I expressly and voluntarily assume all such risks.

In consideration for being allowed to participate in the program, I hereby release, discharge and otherwise agree to hold harmless and indemnify the City, its directors, officers, employees, agents and affiliated organizations and sponsors, as we as the owners and lessees of fields and facilities utilized in connection with the program, from all claims of liability (including costs, expenses and attorney's fees) for any injury or other loss or damage to person or property, whether caused by negligence or otherwise (unless caused solely by the reckless or willful misconduct of the City), as a result of my participation in the program. This agreement shall remain in effect and be legally binding until notice of its revocation is provided in writing to the City.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and have signed it voluntarily. I hereby verify that I am signing this agreement as the parent or lawful guardian of the participant.

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Print Name of Participant

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Signature of Guardian

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Date

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Address of Participant

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City

State

Zip

## KidConnections - Physician Report – Ages 7 & Under

FORM REQUIRED PRIOR TO FIRST DAY AT CAMP

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

Please complete the following questions regarding the child's general health.

Does the child have any physical condition which would restrict them from participating in any activities?

☐ Yes ☐ No

If yes, please describe

\_\_\_\_\_  
\_\_\_\_\_

Does the child require any special attention, medication, or routines?

☐ Yes ☐ No

If yes, please describe

\_\_\_\_\_  
\_\_\_\_\_

In your opinion, is the child physically and emotionally able to participate in a large group setting and activities? ☐ Yes ☐ No

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

(An individual with Prescriptive Authority,  
i.e. Doctor, Certified Nurse Practitioner,  
Physician Assistant, etc.)